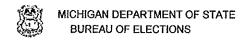


CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

Department he leathly hand as adulated in late and a			
Report must be legible, typed or printed in ink and s the treasurer (or designated record keeper) and can	signed by ndidate.	3. This Statement covers:	m_1/1/14 to 7/20/14
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.
150059		LUTZ	MICHABL B
			strict # or Community Served (If applicable)
2. Committee Name MCHAEL E. LUTZ	2.	BAY COUNTY	Commission 7th DIST.
FOR COMMISSION	.f	4b. County of Residence	BAY
5. Committee's Mailing Address	•	6. Treasurer's Name & Reside	ential Address
1704 BORYON ANE		SUSAN K	C. MTZ
ESSEXVILLE, MI	727	''	DAON AND
90%	27	ESSEXVIL	(石,)(村) 独) 皇
Area Code and Phone 989 316 129	16		25
If the address in this box is different from the committe mailing address on the Statement of Organization, ma	ee ail may	la.	89) zasasof 3
be sent to this address by the filing official.	·		
7. Treasurer's Business Address		8. Designated Record Keeper	's Name and Mailing Address (If the compilitee has a
		Designated Record Keeper)	E∂ υ . છે. (c)
			<u>.</u>
Area Code and Phone		Area Code and Phone	
9. TYPE OF STATEMENT	Required ON	LY if candidate	9e. Dissolution of Candidate Committee
9a. Pre-Election OR 9b. Post-Election	is not on the l current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	- 1.1.0.1		by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets,
Primary	July Quarte	eny	to the contract of the contrac
IV ILIIIIGIA			owes no lates fees or has any outstanding debt.
General	— ∐October Qı	•	, ,
General	October Qu	•	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
General Convention	_	Jarterly	Further, if the dissolution cannot be granted, that this be
General Convention Special	_	Jarterly Statement ()	Further, if the dissolution cannot be granted, that this be
General Convention	C. Annual	Statement () Coverage Year	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver.
General Convention Special	C. Annual	Statement () Coverage Year	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Effective date of dissolution
General Convention Special School	C. Annual Amend (Complindicate	Statement () Coverage Year Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Effective date of dissolution Note: The disposition of residual funds must be reported on
General Convention Special School	C. Annual	Statement () Coverage Year Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Effective date of dissolution
General Convention Special School	C. Annual Amend (Complindicate	Statement () Coverage Year Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Effective date of dissolution Note: The disposition of residual funds must be reported on
General Convention Special School Caucus Date of Election, Convention or Caucus	C. Annual Amend (Complindicate	Statement () Coverage Year Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Effective date of dissolution Note: The disposition of residual funds must be reported on
General Convention Special School Caucus Date of Election, Convention or Caucus	C. Annual Amend (Complindicate	Statement () Coverage Year Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Effective date of dissolution Note: The disposition of residual funds must be reported on
General Convention Special School Caucus Date of Election, Convention or Caucus	C. Annual Amend (Complindicate	Statement () Coverage Year Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Effective date of dissolution Note: The disposition of residual funds must be reported on
General Convention Special School Caucus Date of Election, Convention or Caucus	Annual Amend (Complindicate amende	Statement () Coverage Year Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.)	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
General Convention Special School Caucus Date of Election, Convention or Caucus B/5/2014 O. Verification: IWe certify that all reasonable diligence mylour knowledge and belief the contents are true, according to the contents are true.	Annual Amend (Complindicate amende	Statement () Coverage Year Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.)	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
General Convention Special School Caucus Date of Election, Convention or Caucus B/5/2014 O. Verification: IWe certify that all reasonable diligence mylour knowledge and belief the contents are true, according to the contents are true.	Annual Amend (Complindicate amende	Statement () Coverage Year iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.) In the preparation of this statement	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
General Convention Special School Caucus Date of Election, Convention or Caucus B / 5 / 2014 To. Verification: INWe certify that all reasonable diligence mylour knowledge and belief the contents are true, according to the contents are true, according to the contents are true.	Annual Amend (Complindicate amende	Statement () Coverage Year Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.)	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
General Convention Special School Caucus Date of Election, Convention or Caucus B/5/2014 Convention: INWe certify that all reasonable diligence mylour knowledge and belief the contents are true, according to	Annual Amend (Complindicate amende	Statement () Coverage Year iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.) In the preparation of this statement	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

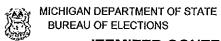


SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 150059	
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2. Committee Name MICHAEL &. LUTZ FOR COMMISSION

RECEIPTS	· · · · · · · · · · · · · · · · · · ·	Column I	Column II
3. Contributions		This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$/	00,00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$N	OT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$/	00.00	(18.)\$ <u>5,724,28</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	0,00	(19.)\$ 0,60
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	00.00	(20.) \$ 5,724,28
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)		0,00	(21.)\$ 0,00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) -\$	0,00	(22.) \$ 0,00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	100,00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	0,00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	00,00	(23.) \$ [DD, DD
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		İ	
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0,00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	0,00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		:	0 = 0
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	0,00	(24.)\$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	724,28	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	ļ	
	BALANCE ST	ATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	6.00	
14. Amount received during reporting period		00,00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$	26,00	,
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$/	60.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	6,00	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Num	ber	5 <i>0</i> 05°	1		
2. Committee Name 2	MICHAEL	E. WITZ	FOR	Commission	f

Page.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 1-30-201 Name & Address: MICHAEL E. WIZ 1704 BORTON AVE ESSEYNULLE, M1 48732		\$ 5 724,28
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Olick Field R	or wiemo nemization
Business Address		
Type of Contribution: Direct		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	•	
	\$	\$
		-
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
OccupationEmployer		
Business Address		`
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
5. If over \$100.00 cumulative, please provide:	\$ Click Here for	\$ Memo Itemization
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
. Contribution # 4 PAC Receipt? YES 4. Date of Receipt lame & Address		
	\$	\$
. If over \$100.00 cumulative, please provide:		
OccupationEmployer	Click Here for I	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal		
Grand Total of All Schedules 1A	5,724,78	
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	

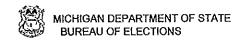


ITEMIZED EXPENDITURES **SCHEDULE 1B**

2. Committee Name MICHAEL E, LUTZ FOR COM MISSION **CANDIDATE COMMITTEE** 4. Purpose (Required Information) 3. Name and address of person or vendor to whom paid 5. Date 6. Amount Expenditure #1 BAY COUNTY CLORK Name Purpose: FILING FEB SIS CENITER AVE BAY City, MI 48708 Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Purpose: Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name Date Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 Name Date Address Purpose: _ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name Date Address Purpose: _ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser** statement Subtotal this page 100.00 Grand Total of all Schedules 1B 100,00 (Complete on last page of Schedule)

> Enter this total on line 8a of Summary Page

Page / of



DEBTS AND OBLIGATIONS SCHEDULE 1E

CA	MIDI	DATE	= CC	Мил	ίΤΤ	FF
VΑ	MADI	UAII	こしし	MAHAI		

2 Committee Name MICHAGI B. WITZ FOR COMMISSION

CANDIDATE COMMITTEE 2.0	ommittee Name / / / Coff	100 01000	100/00 0000	
This Schedule Itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r forgiven <u>by</u> the co	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minus
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			item 8)
Debt #1 Corp? Yes Owed to or by:	CAN DIDATE 4. Type: LOAN	\$	1	
MICHAEL E. WITZ	5. Date Debt Was Incurred:	\$		
1704 BORTON AVE	2006	\$		\$5624.28
ESSEXVILLE, MI	6. Original Amount of Debt: \$ 5,624,28	\$	\$	FORGIVEN
1 48/32	1 \$ <u>~,6 ~41~~</u>	\$		I DI OKOIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
	5. Date Debt Was Incurred:	\$		
	//30/14 6. <u>Original Amount of Debt</u> :	\$	 s	\$ 100,00
	\$ 100,00	<u> </u>		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	<u> </u>	ę	s ·
	\$	<u> </u>	<u> </u>	FORGIVEN
	·	\$		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	5724,28
(Co	implete on last page of Schedule s	Grand Total on the country of the co	of all Schedules 1E r to the committee)	5,724,28 Enter this total on line 12a "owed
A debt or chilaction must be choun on this School	a if there was an outstanding an	nount owed on it at the ob	nging date of	by*" or line 12b "owed to" of the
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.				

Page _____ of _____